1% at (I + 26). The application of chronological series indicates that this decrease is significantly correlated to the effects of the intervention ($p < 0.02$). In addition, the costs of ATP decreased from $40 to $24.
CONCLUSIONS: 1) An important reduction of TIg prescribing was obtained after the introduction of new guidelines in our emergency department and is maintained 3 years later. 2) Rapid techniques are needed to identify extemporaneously patients who require TIg.

PID14

ECONOMIC ANALYSIS OF ANTIMICROBIAL AGENTS FOR HOSPITAL-ACQUIRED PNEUMONIA

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Hospital-acquired pneumonia (HAP) is associated with a high mortality rate and a substantial economic burden. Many clinical and economic studies do not differentiate between HAP in the intensive care unit (ICU) versus on the ward, even though they are associated with different pathogens, treatment approaches, mortality and costs. For nosocomial infections, the effectiveness of therapy is dependent on the pathogenic organism and susceptibility to prescribed antibiotics, factors that are specific to each individual institution.
OBJECTIVES: To develop decision analytic models for current and anticipated antimicrobial regimens for the initial treatment of ICU and non-ICU HAP, that incorporate site-specific pathogen and susceptibility profiles, from the hospital perspective.
METHODS: Two decision tree models were constructed, one for ICU and the other for non-ICU HAP. The probabilities for the decision analysis model were derived from a meta-analysis of randomized, controlled clinical trials and data from our hospital population. Antimicrobial susceptibilities were obtained from the literature and local data. The comparators included in the baseline analysis were cefotaxime (CFX), ceftazidime (CTZ), ceftriaxone (CTR), ciprofloxacin (CIP), imipenem (IMP), and cefazolin + gentamicin (C+G). Drug acquisition, pharmacy, nursing, and hospitalization costs were included in the analysis. Hospitalization costs were determined from local case-costing data. Outcomes were measured as success, failure, and death.
RESULTS: For ICU HAP, C+G dominated over IMP. The incremental cost-effectiveness ratios for CTZ and CIP were $66,087/success and $49,099/success, respectively. For non-ICU HAP, C+G dominated over CTR and CFX. The incremental ratio for CTZ was $142,500/success. Sensitivity analyses did not substantially alter the results.
CONCLUSIONS: Antimicrobial susceptibility is a clinically important determinant of efficacy that should be included in economic analyses of HAP and other infections.

PID15

INFLUENCE OF MOTIVATING FACTORS AND BARRIERS ON INFLUENZA VACCINATION IN AN EMPLOYED POPULATION

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OBJECTIVES: The purpose was to identify motivating factors and barriers on influenza vaccination.
METHODS: An employer site conducting an annual influenza vaccination program was selected for the study. Subjects were recruited on-site to participate in the 5-month study. The vaccinated group (VG) included subjects presenting for vaccination over a 3-week vaccination schedule in October 1998. During a subsequent 3-week period, volunteers not receiving vaccination (NVG) were recruited into the study. Health Belief surveys were administered at the time of recruitment, which included questions specifically inquiring about health beliefs. The Health Belief Model (HBM) was utilized to derive motivators, barriers, threats, and expectations regarding influenza vaccination and their influence on getting vaccinated. The influence of the motivating factors and barriers were rated on a 4-point rating scale (1 = none, 4 = a great deal).
RESULTS: Preliminary results of motivating factors and barriers on 1065 subjects (663 VG and 402 NVG) who completed the surveys are presented. "Avoid influenza" was reported most often as having a great deal of influence on getting vaccinated (86%, 524/606 subjects) followed by "transmit influenza" (53%, 307/575 subjects). Fear of injection and site pain (32%, 96/298 subjects) and inconvenience (32%, 96/297 subjects) were reported most often as having a great deal of influence as barriers to vaccination. Additional multivariate analyses incorporating all aspects of HBM are ongoing.
CONCLUSIONS: Perception of contracting and/or transmitting influenza were primary motivators for seeking vaccination. In the survey, there appear to be multiple barriers to vaccination. Communication strategies and noninvasive formulations of influenza vaccines may diminish these barriers and enhance vaccination rates.

PID16

ECONOMIC STUDY OF CEPHALOSPORINS IN THE TREATMENT OF MODERATE LOWER RESPIRATORY TRACT INFECTION

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The amount of antibiotics currently used in the hospital has reached 35% of total drug consumption. The extensive usage of antibiotics has not only brought drug resistance, but also increased the economic burden of patients. Controlling the abuse of antibiotics and how to